

by fire came on Jan. 9, 1945, when Americans went ashore at Lingayen Gulf, in the Philippines.

Hyde remembers that operation more as hard work than as heroism: "Day and night, loading and off-loading." The hardest part of his job, he added, was finding his mother ship out in the bay at night: "We all had to keep our lights off." Why? "Kamikazes," he answered simply. Indeed about 150 Japanese suicide aircraft hurled themselves at U.S. ships during the Lingayen landing, sinking 17 vessels and damaging 50.

One who also remembers the kamikaze attacks at Lingayen is Bob Stump, now a Republican congressman from Arizona. As a teenager, he was a medic abroad the carrier *Tulagi*. "You'd heard the five (anti-aircraft guns) firing and you'd know they were coming," Stump remembered recently. "Then you'd hear the 40 millimeters firing and you'd know they were close. Then you'd hear the 20 millimeters firing and you'd know they were on top of you." Total U.S. Navy fatalities for the Philippines campaign amounted to 4,336.

Despite spending four years of his young life in the Navy, Hyde graduated from Georgetown University at 23; he was eager, like the rest of the GI generation, to get on with his life. Yet he gets a reminder of the war every time he flies home and lands at O'Hare International Airport, which lies within his suburban Chicago district. It is named for Edward "Butch" O'Hare, a Navy pilot in the Pacific who earned the Medal of Honor in 1942 and was killed the next year. He was 29. "Most people have no idea what he did," Hyde observed, "which is a shame."

A half-century later, some are furious that Hyde is investigating Bill Clinton, who is also a Georgetown alumnus—although one who never let military service interrupt his academic career. *Salon* the online publication, first revealed Hyde's long-ago affair. Mustering up the sort of faux courage appropriate for a faux magazine, the editors declared that they were, in pushing the story, "fighting fire with fire."

Fire? Hyde, Stump and 12 million more were touched by fire during World War II. After surviving the Big One, Hyde regards the word-warriors of Washington as unpleasant, perhaps even stressful, but not particularly intimidating.

Hyde's enemies will no doubt continue to attack, while friends such as Stump, who did not meet his fellow Pacific theater vet until the 1970s, will continue to admire. "Henry is probably the most respected and brightest person here," Stump said.

But Hyde's reputation will surely survive because it is rooted in service to the nation that began before the incumbent president was even born. Asked to sum up his current mission, Hyde said, "We have an obligation to make America the kind of country those guys died for." From most politicians, such talk is cheap. But from Hyde, it is precious, because it was paid for in for in the oft-forgotten currencies of duty, honor and sacrifice.

#### INTRODUCTION OF THE ALL-PAYER GRADUATE MEDICAL EDUCATION ACT

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 8, 1998*

Mr. CARDIN. Mr. Speaker, I rise today to introduce the All-Payer Graduate Medical Education Act, legislation that I have authored to

improve the funding of America's teaching hospitals and to ease the burden on the Medicare Trust Fund. In introducing this legislation, I do not seek to preempt the important work of the National Bipartisan Commission on the Future of Medicare, but rather, to present a concrete proposal for consideration by Congress.

We have recently learned that medical care costs will double in the next 10 years. Health care budgets, including Medicare, will be caught in the vise of increasing costs and limited resources. We must try to restrain the growth of Medicare spending, while protecting our teaching hospitals that rely on Medicare and Medicaid as major sources of funding for graduate medical education.

America's 125 academic medical centers and their affiliated hospitals are vital to the Nation's health. These centers train each new generation of physicians, nurses and allied health professionals, conduct the research and clinical trials that lead to advances in medicine, including new treatments and cures for disease, and care for the most medically complex patients. To place their contributions in perspective, academic medical centers constitute only 2 percent of our Nation's non-Federal hospital beds, yet they conduct 42% of all of the health research and development in the United States, provide 33% of all trauma units and 31% of all AIDS units. Academic medical centers also treat a disproportionate share of the Nation's indigent patients.

To pay for training the Nation's health professionals, our academic medical centers must rely on the Medicare program. But Medicare's contribution does not fully cover the costs of residents' salaries, and more importantly, this funding system fails to recognize that graduate medical education benefits all segments of society, not just Medicare beneficiaries. At a time when Congress is constantly reviewing and revising the Medicare program to ensure that the Trust Fund can remain solvent for future generations, GME costs are threatening to break the bank.

The All-Payer Graduate Medical Education Act will distribute the expense of graduate medical education more fairly by establishing a Trust funded by a 1% fee on the health care premiums. Teaching hospitals will receive approximately two-thirds of the revenue from the Trust, while the remaining third, approximately \$1 billion yearly, will be used to reduce Medicare's contribution. The current formula for direct graduate medical education payments is based on cost reports generated more than 15 years ago, and it unfairly rewards some hospitals and penalizes others. This bill replaces the current formula with a fair, national system for direct graduate medical education payments based on actual resident wages.

Critics of indirect graduate medical education payments have complained that hospitals are not required to account for their use of these funds. The All-Payer Graduate Medical Education Act requires hospitals to report annually on their contributions to improve patient care, education, clinical research, and community services. The formula for indirect graduate medical education payments will be changed to more accurately reflect MedPAC's estimates of true indirect costs.

My bill also addresses the supply of physicians in this country. Nearly every commission studying the physician workforce has recommended reducing the number of first-year

residencies to 110% of American medical school graduates. This bill directs the Secretary of HHS, working with the medical community, to develop and implement a plan to accomplish this goal within five years. An adequate supply of medical providers is vital to maintaining America's health and containing our health care costs.

Medicare disproportionate share payments are particularly important to our safety-net hospitals. Many of these hospitals, which treat the indigent, are in dire financial straits. This bill reallocates disproportionate share payments, at no cost to the federal budget, to hospitals that carry the greatest burden of poor patients. Hospitals that treat Medicaid-eligible and indigent patients, will be able to count these patients when they apply for disproportionate share payments. In addition, these payments will be distributed uniformly nationwide, without regard to hospital size or location. Rural public hospitals, in particular, will benefit from this provision.

Finally, because graduate medical education encompasses the training of other health professionals, this bill provides for \$300 million yearly of the Medicare savings to support graduate training programs for nurses and other allied health professionals. These funds are in addition to the current support Medicare provides for the nation's diploma nursing schools.

The All-Payer Graduate Medical Education Act creates a fair system for the support of graduate medical education—fair in the distribution of costs to all payers of medical care, fair in the allocation of payments to hospitals. Everyone benefits from advances in medical research and well-trained health professionals. Life expectancy at birth has increased from 68 years in 1950 to 76 years today. Medical advances have dramatically improved the quality of life for millions of Americans. Because of our academic medical centers, we are in the midst of new era of biotechnology that will extend the advances of medicine beyond imagination, advances that will prevent disease and disability, extend life, and ultimately lower health care costs.

Although few days remain in the 105th Congress, the valuable services performed by America's academic medical centers are never-ending. I am introducing this bill today for consideration by Congress, the Bipartisan Commission on the Future of Medicare, and the numerous provider and patient communities who will be affected by its provisions. When the 106th Congress convenes early next year, I will reintroduce the bill.

I urge my colleagues to join me in protecting America's academic medical centers and the future of our physician workforce, the wellsprings of these advances, by cosponsoring the All-Payer Graduate Medical Education Act.

HONORING DR. JUAN ANDRADE, JR.

**HON. PETER J. VISCLOSKEY**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 8, 1998*

Mr. VISCLOSKEY. Mr. Speaker, it is with great pleasure that I congratulate one of Northwest Indiana's most distinguished citizens. Dr. Juan Andrade, Jr., of Griffith, Indiana, was recently selected to receive the 1998